

Case Number:	CM14-0200235		
Date Assigned:	12/10/2014	Date of Injury:	06/19/2014
Decision Date:	01/29/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/01/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51 year old female with the injury date of 06/19/14. Per physician's report 10/27/14, the patient has neck pain, radiating down upper extremities bilaterally. The patient also reports having lower back pain. The patient had 2 shock wave therapies which was helpful. The patient presents limited range of neck or lumbar motion. Her neck flexion is 35 degrees, extension is 45 degrees and lateral bending is 35 degrees bilaterally. Her lumbar flexion is 50 degrees, extension is 15 degrees and lateral bending is 20 degrees bilaterally. The lists of diagnoses are: 1) Cervical radiculopathy 2) Cervical sprain/ strain 3) Lumbar radiculopathy 4) Lumbar sprain/ strain 5) Right shoulder impingement syndrome 6) Right shoulder sprain/ strain Per 08/26/14 progress report, the patient rates her pain as 7-9/10. "The patient's neck disability Index was 56%. MRI of cervical spine 09/10/14 reveals 1) focal central disc protrusion at C3/4, C5/6, C6/7 2) Hypolordosis of the cervical spine 3) Syondylosis from c3/4 to C6/7. MRI if the lumbar spine 09/10/14 reveals 1) L4/5 broad-based central disc protrusion 2) Disc desiccation/ dehydration at L5/S1 3) Tarlov cyst at the level of S3. The utilization review determination being challenged is dated on 10/31/14. Treatment reports were provided from 0/8/25/14 to 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 1-2 times 6 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-205.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: The patient presents with pain in her neck, right shoulder and lower back. The request is for physical therapy, 1-2 times X6 for the right shoulder. For non-post-operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. The utilization review letter 10/31/14 indicates that the patient has had 6 sessions of physical therapy in the past. None of the reports discuss how the patient has responded to treatments and what can be accomplished with additional therapy. It would appear that the patient has had adequate therapy recently. The treater does not explain why the patient is unable to transition into a home program. Furthermore, the treater does not specify the amount of physical therapy. The request of 6-12 physical therapy is not medically necessary.

Chiropractic 1-2 times 6 for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203-205.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with pain in her neck, right shoulder and lower back. The request is for Chiropractic treatment 1-2 times X6 for the right shoulder. MTUS guidelines page 58-59 allow up to 18 sessions of chiropractic treatment following initial trial 3-6, with evidence of objective functional improvement. In this case, none of the reports discuss chiropractic treatment. The treater does not specify the amount of chiropractic therapy. If none were tried before, the request of 6-12 sessions would exceed what is allowed by MTUS for a trial 3-6. Even if the patient has had chiropractic treatment in the past, MTUS requires the result from the previous therapy with objective functional improvement. The request for 6-12 sessions of chiropractic therapy is not medically necessary.